

UNCONTESTED CHANGE OF CUSTODY

A change of custody is allowed when the parent(s) can prove that there are substantial changes affecting the welfare and best interest of the child(ren). Parents can enter into an agreement regarding custody, subject to the court's approval. The parental agreement will be effective unless the Judge decides that the proposed change is not in the best interest of the child(ren). The parents' agreement can be made a final order of modification by the trial court at any time after the agreement has been submitted to the court.

When a parent sues the other parent to change custody, the court has the power to award sole custody, joint custody, joint legal custody, or joint physical custody. Additionally, the court may award custody to a third person when both parents are proved to be unfit. The Judge has the power to order a psychological evaluation of the family, an independent medical evaluation, or an investigation by the local family and children services agency.

A complaint for change of custody brought by the non-custodial parent must be filed in the county in which the legal custodian of the child or children resides. A complaint for change of custody brought by the legal custodian must be filed in the county in which the Defendant resides.

A Judge may consider the desire of a child who is at least seven (7) years of age, but not yet fourteen (14). However, the child's desire by itself is not a material change of conditions or circumstances. The wishes of a child aged fourteen (14) or older is controlling unless the parent whom the child chooses is found to be unfit. During a custody hearing, the trial court may order the parents to leave the courtroom when a child testifies.

For more information about change of custody proceedings, please consult the following resources:

Dan E., McConaughy, *Georgia Divorce, Alimony and Child Custody* 518-530 (2004).

Edward E. Bates, Jr., *Georgia Domestic Relations Forms* 3.1-3.13 (2004).

Georgia Jurisprudence, Family Law § 9:1-9:40. O.C.G.A. 19-9-1 et. Seq.

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

Plaintiff

vs.

Civil Action No: _____

Defendant

COMPLAINT FOR CHANGE OF CUSTODY

Now comes the Plaintiff, _____, and states his/her claim against the Defendant, _____, for a change of custody as follows:

1.

Jurisdiction and Venue (Choose A or B)

- A) The Defendant is subject to the jurisdiction of this Court and has assigned an Acknowledgement of Service and Summons.
- B) The Defendant is not subject to the jurisdiction of this Court but has signed an Affidavit.

2.

Current Custody Arrangement (Choose A or B)

- A) The Defendant presently has legal custody of the minor child(ren), _____

age(s) _____, by virtue of a Final Order and Decree of Divorce in Civil Action No. _____, entered on the _____ day of _____, 20____ in the Superior Court of _____ County, Georgia.

- B) The Defendant presently has legal custody of the minor child(ren), _____

age(s) _____, by virtue of a Final Order of Legitimation in Civil Action No. _____, entered on the _____ day of _____, 20____.

3.
Change in Circumstances

There has been a change in circumstances materially affecting the welfare of the minor child(ren) as follows:_____

4.
Proposed New Custody Arrangement

As a result of such change of circumstances, the Plaintiff and Defendant have agreed that custody should be as follows:_____

5.
Plaintiff's Ability to be Custodial Parent

The Plaintiff is a fit and capable parent and is otherwise qualified to assume full custody of the minor child(ren).

THEREFORE, Plaintiff prays:

(A) That custody of the minor child(ren) be changed as follows:

(B) That the Plaintiff have such additional relief as the Court may consider equitable and appropriate.

Plaintiff, Pro Se (Signature)

Address:_____

Telephone Number(s) _____

6.

Child Support Amount

Please go to csc.georgiacourts.gov and complete the Child Support Worksheet.

The Plaintiff asks the Defendant be required to pay to the Plaintiff as support of the minor child(ren), the sum of _____ * per week/bi-weekly/month, starting on _____, and continuing per week/bi-weekly/month thereafter until each respective child reaches the age of eighteen (18), or so long as the child is enrolled in and attending secondary school (not to exceed age twenty (20)), marries, dies, or becomes otherwise emancipated. The Plaintiff asks that the child support obligated be reduced as follows as each child becomes emancipated: _____

*This amount was derived from line 13 of the Child Support Worksheet, which is attached hereto as Exhibit 1.

7.

Child Support Method of Payment (Check A or B)

- A) The Plaintiff asks that all payments of child support shall be paid directly to the Plaintiff at the following address: _____
- B) The Plaintiff asks that all child support payments shall be paid to Georgia Child Support Enforcement pursuant to an Income Deduction Order.

8.

Health Insurance

The Plaintiff asks that _____ shall be required to maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists. The Plaintiff asks that costs not covered under the insurance policy shall be divided between the parties as follows:

The Plaintiff further asks that _____ shall provide him/her with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the Plaintiff in submitting claims under the policy.

THEREFORE, Plaintiff prays:

(A) That custody of the minor child(ren) be changed as follows:

(B) That the Plaintiff have such additional relief as the Court may consider equitable and appropriate.

Plaintiff, Pro Se (Signature)

Address: _____

Telephone Number(s) _____

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer authorizes by law to
administer oaths, the deponent herein, who, an oath, deposes and says that the
facts contained in the foregoing document are true and correct.

PLAINTIFF

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public

AFFIDAVIT FOR PERSON FILING CASE WITH NO ATTORNEY
(All questions must be answered.)

Plaintiff

vs.

Civil Action No. _____

Defendant

PERSONALLY appeared before me the undersigned officer, _____
(Affiant)

who after being duly sworn deposes and states under oath the following:

- (1) That affiant has this date filed a suit for divorce or other complaint in this County and does not have an attorney at law representing affiant.
- (2) (a) Affiant further states that the following person prepared the Complaint and/or other papers.

Name of Person (and business name) who prepared papers

Address of such person and business

Telephone number of such person and business

(b) Affiant state that said person who prepared the paper (was/was not) paid to prepare the papers. The total amount paid \$_____.

- (3) Affiant further states that there (is/is not) any further money due anyone for assisting in the preparation of said papers. If affiant owes money to the preparer the amount is \$_____.
- (4) Affiant has not paid or given anyone any other consideration of money for helping in preparing the paper, except the following, _____.
- (5) Did the preparer of the papers tell you what information, or give you advice regarding the information to put in any of your paper? (YES / NO)
- (6) Did the preparer give you any advice about how to file your papers? (YES / NO)
- (7) Did the preparer give you any advice about how to present your case to the judge? (YES / NO)
- (8) Are you willing to discuss this matter with a State Bar or Georgia investigator? (YES / NO)

I have answered all the about questions truthfully, under criminal penalties of perjury.

Sworn to and subscribed before me
this _____ day of _____ 20____.

Affiant

Address

Notary Public

My Commission Expires: _____

Phone No. (Required) _____

SUPERIOR COURT OF BIBB COUNTY
PARTIES INFORMATION SHEET
TO BE FILED WITH COMPLAINT/PETITION

Plaintiff's Contact Information:

Plaintiff's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Defendant's Contact Information:

Defendant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

Plaintiff

vs.

Civil Action No: _____

Defendant

PLAINTIFF'S AFFIDAVIT REQUIRED BY O.C.G.A. § 19-9-69

State of Georgia

County of _____

Personally before the undersigned officer authorized to administer oaths appears,
_____ who, being duly sworn, does
state on oath the following:

1.

That Affiant, _____, is the Plaintiff named
in the above styled action.

2.

The above-styled action concerns the custody of:

Name: _____ YOB: _____ Sex: _____

Name: _____ YOB: _____ Sex: _____

Name: _____ YOB: _____ Sex: _____

Name: _____ YOB: _____ Sex: _____

3.

The present address of the child(ren) is:

4.

For the past five (5) years, the child(ren) lived at the following addresses with the following persons:

Address	Dates	Lived With

5.

The child(ren) presently live/lives with _____

6.

Other Cases Concerning the Child(ren) (Choose A or B)

A) Plaintiff asserts that he/she has not participated as a party or a witness or any other capacity in any other legitimation concerning the child(ren) named above and knows of no other proceedings concerning the minor child(ren) in this or any other state. No person other than the parties to this action has physical custody of the minor child(ren) or any claim to custody or visitation with the minor child(ren).

B) The minor child(ren) have been involved in the following custody actions: (The court wants to know about the following types of actions: custody, visitation, family violence, protective orders, termination of parental rights, and adoption.)

County/State/Court	Type of Custody Action	Date Filed	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7.

Others with a Custody/Visitation Claim (Choose A or B)

- A) I know of no other person, not a party to this proceeding, who has physical custody of the child(ren) or claims to have custody or visitation with respect to the minor child(ren).
- B) The following persons who are not a party to this proceeding have custody or visitation rights with the minor child(ren).

Name

Claim

Plaintiff, Pro Se (Signature)

Sworn to and subscribed before me

This_____ day of _____, 20_____.

Notary Public

My commission expires:_____

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

Plaintiff

vs.

Civil Action No: _____

Defendant

ELECTION OF _____.

This Affidavit is given by _____ who, after being duly sworn before an officer authorized in the State of Georgia to administer oaths, state the following:

1.

My name is _____, and I am the son or daughter of _____ and _____, I was born on _____ and am currently _____ years old.

2.

I sign this Affidavit to inform the court that I wish to live and elect to live with my (mother/father/other) _____ on a permanent and full-time basis. I understand that my (mother/father/other) _____ may ask the Court to be made my custodial parent and desire that he/she be designed as my custodial parent.

3.

I wish my _____ (non-custodial parent) to have reasonable visitation rights.

4.

I hereby affirm that I have given this Affidavit under oath and that the statements contained herein are true and accurate.

5.

I have made this election voluntarily and not because of any pressure or duress or because of any problems made known to me by either of my parents or any other person.

Election of Minor Child (Signature)

Sworn to and subscribed before me

This_____ day of _____, 20_____.

Notary Public

My commission expires:_____

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

vs.

Civil Action No:_____

Defendant

ACKNOWLEDGEMENT OF SERVICE AND SUMMONS

The undersigned Defendant hereby acknowledges service of the above Summons and Complaint for Divorce and states that he/she has received a copy of said Complaint, and Defendant hereby waives any further service of process.

This the _____ day of _____, 20_____.

Defendant, Pro Se (Signature)

Sworn to and subscribed before me

This_____ day of _____, 20_____.

Notary Public

My commission expires:_____

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

vs.

Civil Action No:_____

Defendant

CUSTODY AGREEMENT

This is an agreement by and between _____
(hereinafter referred to as “Father”) and _____
(hereinafter referred to as “Mother”).

WHEREAS, the parties desire to settle between themselves all questions regarding child custody, visitation, child support, and all other rights and obligations arising out of their former marital relationships:

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained, the parties agree as follows:

1.

Non-interference with Parental Relationships

The parties agree that the welfare of the child(ren) is of paramount importance and each agrees to foster and encourage a feeling of affection between themselves and child(ren). Neither party shall do anything to hamper the natural development of the child(ren) love and respect for the other party.

2.

Legal and Physical Custody (Check A, B, or C)

_____ (A) The Father/Mother shall have the temporary and permanent legal physical custody for the minor child(ren) born as issue of the marriage.

_____ (B) The Father and Mother shall share joint legal physical custody of the minor child(ren). The parties shall share decision-making concerning the child(ren); however, the Father/Mother shall have the right to make the final decision in the event that parties cannot agree.

Primary physical custody of the minor child(ren) shall be with the Father/Mother as follows: _____

Secondary physical custody shall be with the Father/Mother as follows:

_____ (C) The Father and Mother shall share joint legal custody and joint physical custody of the minor child(ren).

Physical custody shall be shared by the parties as follows: _____

The parties shall share decision making concerning the child(ren); however, in the event the parties cannot decide, the Father/Mother shall have the final decision concerning

3.

Visitation Schedule (Choose A or B)

A) The Father/Mother shall have the right of visitation with the minor child(ren) as follows

B) The visitation schedule is attached hereto and incorporate herein

4.

Cooperation and Consultation

This Agreement cannot provide for every possible detail with respect to the custody of the child(ren). In that regard, the parties agree to cooperate and consult with each other so as to carry out visitation in a manner conducive to the best interest of the child(ren). Neither party shall attempt to influence any of the child(ren) not to love and respect the other parent. Each party agrees to keep the other informed as to the health and whereabouts of the child(ren) while having custody of or visitation with the child(ren).

5.

Change of Residence

In the event of any change of residence on the part of either party herein so long as the custody and visitation provisions of this Agreement are in effect, said party changing his or her residence shall notify the other party at least one month in advance for the intent to change residence and of the location of the new residence and shall furnish to him or her the complete new address and, as soon as determined, the new telephone number at the new residence. Said notification shall be in writing with a copy of said writing retained by the other.

CHILD SUPPORT

Please go to csc.georgiacourts.gov and complete the Child Support Worksheet.

6.

Child Support Amount

The Father/Mother shall pay to the Father/Mother, as support of the minor child(ren), the sum of _____ * per week/bi-weekly/month, starting on _____, and continuing per week/bi-weekly/month thereafter until each respective child reaches the age of eighteen (18), or so long as the child is enrolled in and attending secondary school (not to exceed age twenty (20)), marries, dies, or becomes otherwise emancipated. The child support obligation shall be reduced as follows as each child becomes emancipated: _____

*This amount was derived from line 13 of the Child Support Worksheet, which is attached hereto as Exhibit 1.

7.

Child Support Method of Payment (Choose A or B)

A) All payments of child support shall be paid directly to the Father/Mother at the following address: _____

No Income Deduction Order will be entered into at this time. However, whenever, in violation of the terms of this Agreement, there shall have been a failure to make the support payments due hereunder so that the amount unpaid is equal to or greater than the amount payable for one (1) month, the payments required to be made may be collected by the process of continuing garnishment for support. In the event the Father/Mother fails to pay any child support obligation in this Agreement on a timely fashion on any three (3) occasions in any twelve (12) month period, the parties agree that an Income Deduction Order shall then be entered.

B) All payments of child support shall be paid to Georgia Child Support Enforcement pursuant to an Income Deduction Order.

8.

Health Insurance

The Father/Mother shall maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists. Costs not covered under the insurance policy shall be divided between the Father and Mother as follows: _____

The Father/Mother shall provide the Father/Mother with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate with the Father/Mother in submitting claims under the policy.

BINDING AGREEMENT

9.

Voluntary Agreement

The parties acknowledge that they have entered into this Agreement freely and voluntarily and that it is not the result of any duress or any undue influence.

10.

Entire Agreement

This Agreement constitutes the entire understanding of the parties. There are no representations, warranties, covenants, or undertaking other than those expressly set forth herein.

Plaintiff, Pro Se (Signature)

Sworn to and subscribed before me

This_____ day of _____, 20_____.

Notary Public

My Commission Expires:_____

Defendant, Pro Se (Signature)

Sworn to and subscribed before me

This_____ day of _____, 20_____.

Notary Public

My Commission Expires:_____

Exhibit “ ____ ”
VISITATION SCHEDULE

The non-custodial parent is _____

The custodial parent is _____

The non-custodial parent shall be entitled to exercise reasonable visitation with the minor child(ren) with the following minimum provisions:

- A. On every 1st, 3rd and 5th Friday at 6:00 p.m. until the following Sunday at 6:00 p.m.;
- B. During even numbered years (2018, 2020, etc.), the non-custodial parent shall have the right of visitation on the holidays delineated below:
 - 1. Martin Luther King’s Birthday
 - 2. Memorial Day
 - 3. Labor Day
 - 4. Thanksgiving
 - 5. Second week of Christmas Vacation from 2:00 p.m. on December 25 until New Year’s Eve.
- C. During odd numbered years (2019, 2021, etc.), the non-custodial parent shall have the right of visitation on the holidays delineated below:
 - 1. New Year’s Day
 - 2. Easter or Spring Break
 - 3. July 4th
 - 4. Halloween
 - 5. First week of Christmas vacation, including Christmas Day until 2:00 p.m. on December 25.
- D. During even numbered years (2018, 2020, etc.), the custodial parent shall have the minor child(ren) on the holidays delineated below:
 - 1. New Year’s Day
 - 2. Easter or Spring Break
 - 3. July 4th
 - 4. Halloween
 - 5. First week of Christmas vacation, including Christmas Day until 2:00 p.m. on December 25.

E. During odd numbered years (2019, 2021, etc.), the custodial parent shall have the right of visitation on the holidays delineated below:

1. Martin Luther King's Birthday
2. Memorial Day
3. Labor Day
4. Thanksgiving
5. Second week of Christmas Vacation from 2:00 p.m. on December 25 until New Year's Eve.

F. The Mother shall have the minor child(ren) on Mother's Day.

G. The Father shall have the minor child(ren) on Father's Day.

H. The non-custodial parent shall have the right to visit with the minor child(ren) for two consecutive weeks in the summer between June 1 and July 15. During this period, the custodial parent shall have the minor child(ren) on the first (1st) weekend from 6:00 p.m. Friday until 5:00 p.m. Sunday. The non-custodial parent shall give the custodial parent a minimum of thirty (30) days written notice of the intent to exercise this visitation.

I. Holiday visitation shall take precedence over weekend visitation.

**IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA**

Plaintiff

vs.

Civil Action No: _____

Defendant

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF PLAINTIFF

1. AFFIANT'S NAME: _____ Age _____

Spouses Name: _____ Age _____

Date of Marriage: _____ Date of Separation: _____

Names and year of birth for whom support is to be determined in this action:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and year of birth of affiant's other children:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3B) \$ _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors _____

3. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages \$ _____

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips \$ _____

Income from self-employment, partnerships, close corporations,
and independent contracts (gross receipts minus ordinary and
necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Rental Income (gross receipts minus ordinary and necessary
expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Bonuses \$ _____

Overtime Payments \$ _____

Severance Pay \$ _____

Recurring Income from Pensions or Retirement Plans \$ _____

Interest and Dividends \$ _____

Trust Income \$ _____

Income from Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgements from Personal Injury or Other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and Maintenance From Persons Not in This Case \$ _____

Assets Which are Used for Support of Family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any Other Income (do NOT include means-tested
public assistance, such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME \$ _____

B. Affiant's Net Monthly Income from Employment
(deducting only state and federal taxes and FICA)

\$ _____

Affiant's Pay Period (i.e., weekly, monthly, etc.)

Number of Exemptions Claimed

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, Bonds CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (List Each Account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement/Pensions 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
Tax Refund owed you:	\$ _____	_____	_____	_____
Real Estate:				
Home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Automobiles/Vehicles:				
Vehicle 1:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Vehicle 2:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____

Life Insurance (net cash value):	\$ _____	_____	_____	_____
Furniture/Furnishings	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total Assets:	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments	\$ _____
Property Taxes	\$ _____
Homeowner/Rental Insurance	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage and Sewer	\$ _____
Telephone:	
Residential Line	\$ _____
Cellular Telephone	\$ _____
Gas	\$ _____
Repairs and Maintenance	\$ _____
Lawn Care	\$ _____
Pest Control	\$ _____
Cable TV	\$ _____
Misc. Household and Grocery Items	\$ _____
Meals Outside the Home	\$ _____
Other	\$ _____

AUTOMOBILE

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____

OTHER VEHICLES

(boats, trailers, RVs, etc.)	\$ _____
Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$ _____
School Tuition	\$ _____
Tutoring	\$ _____
Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	
_____	\$ _____
_____	\$ _____
Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription	
(out of pocket/uncovered expenses)	\$ _____
Grooming, Hygiene	\$ _____
Gifts from Children to Others	\$ _____
Entertainment	\$ _____
Activities (including extra-curricular,	
School, religious, cultural, etc.)	\$ _____
Summer Camps	\$ _____

AFFIANT'S OTHER EXPENSES

Dry Cleaning/Laundry	\$ _____
Clothing	\$ _____
Medical, Dental, Prescription	
(out of pocket/uncovered expenses)	\$ _____
Affiant's Gifts (special holidays)	\$ _____
Entertainment	\$ _____
Recreational Expenses (e.g., fitness)	\$ _____
Vacations	\$ _____
Travel Expenses for Visitation	\$ _____
Publications	\$ _____
Dues, clubs	\$ _____
Religious and charities	\$ _____

Pet Expenses \$ _____
Alimony Paid to Former Spouse \$ _____
Child Support Paid for Other Children \$ _____
Date of Initial Order: _____
Other (attach sheet)

OTHER INSURANCE

Health \$ _____
Child(ren)'s Portion: \$ _____
Dental \$ _____
Child(ren)'s Portion: \$ _____
Vision \$ _____
Child(ren)'s Portion: \$ _____
Life \$ _____
Relationship of Beneficiary: _____
Disability \$ _____
Other (specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)
To Whom: Balance Due Monthly Payment Joint Plaintiff Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Personally appeared before me, an office authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

Sworn to and subscribed before me,

this _____ day of _____, 20____

Notary Public

My commission expires: _____

INFORMATION FOR COMPLETING REQUIRED CHILD SUPPORT WORKSHEET

1. Child Support Worksheet is required by the State of Georgia.
2. Bibb County Judges ***require*** that the Child Support Worksheet be printed.
3. Complete the worksheet to the best of your ability. The Superior Court Clerk's Office cannot help fill out the forms.
4. Go to <http://csc.georgiacourts.gov/> complete the form, submit it and print it out.
5. You **MUST** file the worksheet along with your case.

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

Plaintiff

vs.

Civil Action No: _____

Defendant

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT OF DEFENDANT

1. AFFIANT'S NAME: _____ Age _____

Spouses Name: _____ Age _____

Date of Marriage: _____ Date of Separation: _____

Names and year of birth for whom support is to be determined in this action:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and year of birth of affiant's other children:

Name	Year of Birth	Resides with
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(d) Gross monthly income (from item 3A) \$ _____

(e) Net monthly income (from item 3B) \$ _____

(f) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

Total monthly expenses and payments
to creditors _____

3. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages \$ _____

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips \$ _____

Income from self-employment, partnerships, close corporations,
and independent contracts (gross receipts minus ordinary and
necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Rental Income (gross receipts minus ordinary and necessary
expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Bonuses \$ _____

Overtime Payments \$ _____

Severance Pay \$ _____

Recurring Income from Pensions or Retirement Plans \$ _____

Interest and Dividends \$ _____

Trust Income \$ _____

Income from Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgements from Personal Injury or Other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and Maintenance From Persons Not in This Case \$ _____

Assets Which are Used for Support of Family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any Other Income (do NOT include means-tested
public assistance, such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME \$ _____

B. Affiant's Net Monthly Income from Employment
(deducting only state and federal taxes and FICA)

\$ _____

Affiant's Pay Period (i.e., weekly, monthly, etc.)

Number of Exemptions Claimed

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, Bonds CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (List Each Account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement/Pensions 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
Tax Refund owed you:	\$ _____	_____	_____	_____
Real Estate:				
Home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Automobiles/Vehicles:				
Vehicle 1:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Vehicle 2:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____

Life Insurance (net cash value):	\$ _____	_____	_____	_____
Furniture/Furnishings	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total Assets:	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments	\$ _____
Property Taxes	\$ _____
Homeowner/Rental Insurance	\$ _____
Electricity	\$ _____
Water	\$ _____
Garbage and Sewer	\$ _____
Telephone:	
Residential Line	\$ _____
Cellular Telephone	\$ _____
Gas	\$ _____
Repairs and Maintenance	\$ _____
Lawn Care	\$ _____
Pest Control	\$ _____
Cable TV	\$ _____
Misc. Household and Grocery Items	\$ _____
Meals Outside the Home	\$ _____
Other	\$ _____

AUTOMOBILE

Gasoline and Oil	\$ _____
Repairs	\$ _____
Auto Tags and License	\$ _____
Insurance	\$ _____

OTHER VEHICLES

(boats, trailers, RVs, etc.)	\$ _____
Gasoline and Oil	\$ _____
Repairs	\$ _____
Tags and License	\$ _____
Insurance	\$ _____

CHILDREN'S EXPENSES

Child Care (total monthly cost)	\$ _____
School Tuition	\$ _____
Tutoring	\$ _____
Private Lessons (e.g., music, dance)	\$ _____
School Supplies/Expenses	\$ _____
Lunch Money	\$ _____
Other Educational Expenses (list)	
_____	\$ _____
_____	\$ _____
Allowance	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical, Dental, Prescription	
(out of pocket/uncovered expenses)	\$ _____
Grooming, Hygiene	\$ _____
Gifts from Children to Others	\$ _____
Entertainment	\$ _____
Activities (including extra-curricular,	
School, religious, cultural, etc.)	\$ _____
Summer Camps	\$ _____

AFFIANT'S OTHER EXPENSES

Dry Cleaning/Laundry	\$ _____
Clothing	\$ _____
Medical, Dental, Prescription	
(out of pocket/uncovered expenses)	\$ _____
Affiant's Gifts (special holidays)	\$ _____
Entertainment	\$ _____
Recreational Expenses (e.g., fitness)	\$ _____
Vacations	\$ _____
Travel Expenses for Visitation	\$ _____
Publications	\$ _____
Dues, clubs	\$ _____
Religious and charities	\$ _____

Pet Expenses \$ _____
Alimony Paid to Former Spouse \$ _____
Child Support Paid for Other Children \$ _____
Date of Initial Order: _____
Other (attach sheet)

OTHER INSURANCE

Health \$ _____
Child(ren)'s Portion: \$ _____
Dental \$ _____
Child(ren)'s Portion: \$ _____
Vision \$ _____
Child(ren)'s Portion: \$ _____
Life \$ _____
Relationship of Beneficiary: _____
Disability \$ _____
Other (specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)
To Whom: Balance Due Monthly Payment Joint Plaintiff Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Personally appeared before me, an office authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

Sworn to and subscribed before me,

this _____ day of _____, 20____

Notary Public

My commission expires: _____

General Civil and Domestic Relations Case Filing Information Form

☐ Superior or ☐ State Court of _____ County

For Clerk Use Only

Date Filed _____
MM-DD-YYYY

Case Number _____

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Defendant(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented ☐

Check One Case Type in One Box

General Civil Cases

- ☐ Automobile Tort
- ☐ Civil Appeal
- ☐ Contract
- ☐ Garnishment
- ☐ General Tort
- ☐ Habeas Corpus
- ☐ Injunction/Mandamus/Other Writ
- ☐ Landlord/Tenant
- ☐ Medical Malpractice Tort
- ☐ Product Liability Tort
- ☐ Real Property
- ☐ Restraining Petition
- ☐ Other General Civil

Domestic Relations Cases

- ☐ Adoption
- ☐ Dissolution/Divorce/Separate Maintenance
- ☐ Family Violence Petition
- ☐ Paternity/Legitimation
- ☐ Support – IV-D
- ☐ Support – Private (non-IV-D)
- ☐ Other Domestic Relations

Post-Judgment – Check One Case Type

- ☐ Contempt
 - ☐ Non-payment of child support, medical support, or alimony
- ☐ Modification
- ☐ Other/Administrative

- ☐ Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

Case Number

Case Number

- ☐ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

- ☐ Is an interpreter needed in this case? If so, provide the language(s) required. _____
Language(s) Required

- ☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.

ATTACHMENTS

☐ Parenting Plan

☐ Child Support Order Addendum

☐ Case Disposition Form & 3907 Form

☐ Other _____

General Civil and Domestic Relations Case Disposition Information Form

☐ Superior or ☐ State Court of _____ County

For Clerk Use Only

Date Disposed _____
MM-DD-YYYY

Case Number _____

Case Style _____

Plaintiff(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Defendant(s)

Last	First	Middle I.	Suffix	Prefix
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Reporting Party _____

Plaintiff's Attorney _____

Bar Number _____

Self-Represented ☐

Defendant's Attorney _____

Bar Number _____

Self-Represented ☐

Manner of Disposition Check Only One

- ☐ Jury Trial
- ☐ Bench/Non-Jury Trial
- ☐ Non-Trial Disposition
- ☐ Alternative Dispute Resolution

- ☐ Check if any party was self-represented at any point during the life of the case.
- ☐ Check if the court ordered an interpreter for any party, witness, or other involved individual.
- ☐ Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?



“Families in Transition”

Seminar Schedule

2025

Thursday, January 9 th 1:00pm - 4:00pm Traneice	Tuesday, January 21 st 9:00am - 12:00pm Candace
Thursday, February 6 th 1:00pm - 4:00pm Shardonnay	Tuesday, February 18 th 9:00am - 12:00pm Takeela
Thursday, March 6 th 1:00pm - 4:00pm Traneice	Tuesday, March 18 th 9:00am - 12:00pm Shardonnay
Thursday, April 3 rd 1:00pm - 4:00pm Takeela	Tuesday, April 15 th 9:00am - 12:00pm Candace
Thursday, May 8 th 1:00pm - 4:00pm Traneice	Tuesday, May 20 th 9:00am - 12:00pm Shardonnay
Thursday, June 5 th 1:00pm - 4:00pm Takeela	Tuesday, June 17 th 9:00am - 12:00pm Candace
Thursday, July 10 th 1:00pm - 4:00pm Traneice	Tuesday, July 22 nd 9:00am - 12:00pm Shardonnay
Thursday, August 7 th 1:00pm - 4:00pm Takeela	Tuesday, August 19 th 9:00am - 12:00pm Candace
Thursday, September 4 th 1:00pm - 4:00pm Traneice	Tuesday, September 16 th 9:00am - 12:00pm Shardonnay
Thursday, October 9 th 1:00pm - 4:00pm Takeela	Tuesday, October 21 st 9:00am - 12:00pm Candace
Thursday, November 6 th 1:00pm - 4:00pm Traneice	Tuesday, November 18 th 9:00am - 12:00pm Shardonnay
Thursday, December 4 th 1:00pm - 4:00pm Takeela	Tuesday, December 16 th 9:00am - 12:00pm Candace

Macon: 277 MLK Jr. Blvd, Suite 203
Macon, GA 31201
Ph: 478 745-2811
Fax: 478-745-0881

Warner Robins: 106-B Olympia Dr.
Warner Robins, GA 31092
478 918-0663

www.fcccg.org

eFile Registration & Quick Tips

Register to eFile at: <https://efilega.tylertech.cloud>

- Email: _____
- Address: _____
Address: _____
- Phone #: _____
- Password: Abcd1234
- Click on link sent to your email to activate your account.
- Separate, scan, and save your documents to your computer.
- Visit efilega.tylertech.cloud to start filing your case.

• File your case. For assistance visit: odysseyfileandservecloud.zendesk.com/hc/en-us

- All communication about your case will come to the email you provided above. You must file a 'Notice of Address Change' form with the Clerk's Office if you need to update your address or email. Add no-reply@efilingmail.tylertech.cloud to your email contact.
- To view your case, visit <https://researchga.tylerhost.net>. You will log-in using the same email and password you use for eFileGA.

Envelope # _____ Case # _____ (assigned when case is accepted)

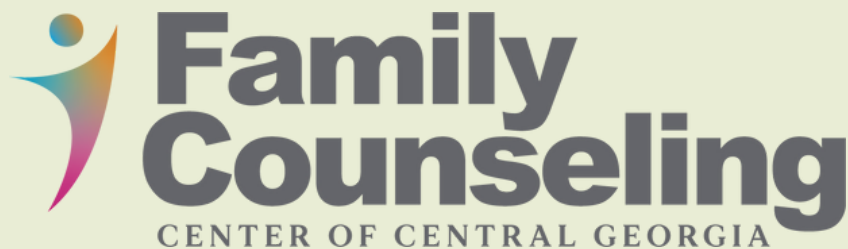
- **Cases filed with Poverty Affidavit:** You must wait until the Judge makes a decision on your Poverty Order before moving on to the next steps. If your order is denied, you must pay the filing fee of \$ _____ to proceed with your case. If your Poverty Affidavit is accepted, please proceed to one of the below next steps that apply to the type of case you filed.
- **Cases filed with an agreement:** File your *Request Letter* 46 days after you receive notice that your case has been ACCEPTED. Notification will be sent to you via email.
- **Cases filed with Sheriff Service:** File your *Request Letter* 46 days after Defendant has been served. You will receive email notification once the Defendant has been served.
- **Adult Name Change:** From your email, print the electronic filed-stamped *Notice of Name Change* to The Telegraph. After your case is done running in the paper, request the *Publisher's Affidavit* from the Telegraph and eFile it into your case. File your *Request Letter* after you file the Publisher's Affidavit.
- **Minor Name Change:** File the *Request Letter* after you receive notice that your *Publisher's Affidavit* has been accepted into your case.

Clerk Assisted: _____

Date: _____



SCAN HERE TO REGISTER



WE TAKE CARE OF

YOU & YOUR FAMILY'S
WELLBEING

Families in Transition (F.I.T.) is a class for parents of minor children who are going through a divorce, separation, change of custody, legitimization, or some other change in family structure.

Co-Parenting Focus

- Help children adjust to change
- Children developmental levels
- Appropriate behaviors
- Stages of grief
- Divorce statistics
- Finances
- Blended family challenges
- Resources

***Anyone may attend this class.**

***Classes are held TWICE a month, once online and once in-person.**

Requirements

- ✓ Parents must attend separate classes.
- ✓ Court-mandated for both parents of children 18 and under who are seeking a divorce.
- ✓ MUST register prior to start date- Registration includes \$40 fee and registration form (with Civil Action Number).
- ✓ To receive a certificate of completion ALL participants are required to complete a confidential survey at the end of each class.



277 Martin Luther King Jr.
Blvd., Macon, GA 32101

(478)745-2811

Clase De Crianza Compartida En Línea

<https://www.OnlineParentingPrograms.com>



Clase: Crianza Compartida En Línea

Clase de aprendizaje autónomo, educativa, en línea para los padres en proceso de divorcio/separación que nunca contrajeron matrimonio

Disponible en Inglés o Español

Visite el sitio web para precios de clase.



Regístrate en línea



Asiste en cualquier momento



Pone en pausa & vuelve a la clase



Descarga el certificado inmediatamente después de terminar la clase.

Descuentos disponibles para personas con bajos ingresos

También Proporcionamos Clases De Crianza Compartida En Los Casos De Alto Conflicto



**Online
Parenting
Programs**

Ofrecemos programas con descuentos para padres elegibles. Puedes encontrar información en línea: www.onlineparentingprograms.com/financial-assistance.html

<https://www.OnlineParentingPrograms.com>

Online Co-Parenting Class

<https://www.OnlineParentingPrograms.com>



Class: Online Co-Parenting

Self-directed, online educational class for divorcing/separated or never married parents.

Available in English or Spanish

Check website for class pricing.



Register online



Attend anytime



Pause & resume



*Immediately
download certificate
upon completion.*

Low-Income/Indigent Discounts Available

Also Offering: **Online Parenting Skills
& High Conflict Co-Parenting Classes**



**Online
Parenting
Programs**

Have Questions?

Call (866) 504-2883 or email us at:
support@onlineparentingprograms.com

<https://www.OnlineParentingPrograms.com>